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DARREN J M	ILLIKEN		WILLIAMS, CATHERINE SERKE	
	KOLOFF TAYLOR & ZA	AFMAN LLP	I DE LEUR	D 4 D CD 4 V D 4 D CD
12400 WILSHI	RE BOULEVARD		ART UNIT	PAPER NUMBER
7TH FLOOR			3763	
LOS ANGELES	S, CA 90025		DATE MAILED: 05/04/2004	1

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary Catherine S. Williams 3763
Catherine S. Williams 3763 - The MAILING DATE of this communication appears on the cover sheet with th correspondence address Period for Reply A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION. - Extansions of time may be waitable under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after Six (6) MONTHS from the mailing date of this communication. - If the period for reply specified above, it has that mit; (20) days, a reply within the statutory minimum of thirty (30) days will be considered timely. - If NO period for reply specified above, it has that mit; (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely. - If NO period for reply is specified above, the maintrum statisticy period will apply and will apply apply and will apply and will apply and will apply apply apply apply apply apply apply apply and will apply app
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A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION. - Extensions of time may be available under the provisions of 3° CFR 1.36(a). In no event, however, may a reply be timely filled after SI KG (MONTH'S from the mailing date of 16° communication. - If the period for raply specified above is less than thirty (30) days, a reply within the stateory minimum of thirty (30) days and it be considered timely. - Any reply received by the Office later than thirty (30) days, a reply within the stateory minimum of thirty (30) days and it be considered timely. - Any reply received by the Office later than three months after the mailing date of this communication, even if timely filled, may reduce any carried patient term adjustment. See 3° CFR 1.704(b). Status 1) Responsive to communication(s) filled on 29 March 2004. 2a) This action is FINAL. 2b) This action is non-final. 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under Ex parte Quayle, 1935 C.D. 11, 453 O.G. 213. Disposition of Claims 4) Claim(s) 1-13 and 48-60 is/are pending in the application. 4a) Of the above claim(s) is/are allowed. 6) Claim(s) is/are allowed. 6) Claim(s) is/are allowed. 6) Claim(s) are subject to restriction and/or election requirement. Application Papers 9) The specification is objected to by the Examiner. 10) The drawing(s) filled on is/are: allowed on is/are: allowed on is/are: allowed. 11) The proposed drawing correction filled on is: allowed. 12) The oath or declaration is objected to by the Examiner. Priority under 35 U.S.C. §§ 119 and 120 13) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). a) All b) Some * c) None of: 1. Certified copies of the priority documents have been received.
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3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)). * See the attached detailed Office action for a list of the certified copies not received.
14) Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).
a) The translation of the foreign language provisional application has been received.
15) Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.
Attachment(s)
1) Notice of References Cited (PTO-892) 2) Notice of Draftsperson's Patent Drawing Review (PTO-948) 3) Information Disclosure Statement(s) (PTO-1449) Paper No(s) 5) Notice of Informal Patent Application (PTO-152) 6) Other:

DETAILED ACTION

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

Claims 1-9, 12-13 and 48-60 are rejected under 35 U.S.C. 103(a) as being unpatentable over Boddie (US Pat# 4,192,302) in view of Aigner (US Pat# 4,540,402).

Boddie, in general, discloses a system for fluid isolation in a biological mass having an upstream channel and a downstream channel. The system includes a delivery occlusion conduit that is positioned adjacent the upstream channel, a collection conduit that is positioned adjacent the downstream channel. The perfusion fluid is pumped (pressure device) through the delivery conduit and reclaimed by the collection conduit. The fluid may be a chemotherapeutic agent.

The device has lumens for fluid flow either into or out of the body and is therefore considered capable of being used at any time point, including during diastole and systole. The device having catheters sized to enter into blood vessels of the body is thereby capable of being percutaneously positioned. See figure 3.

Specifically, figure 1 of Boddie outlines flow to and from the major organ systems in the body. It is commonly understood that vessels that flow into an organ are considered being upstream to the organ and conversely vessels taking flow away from are considered downstream to the organ. Looking at figure 1, one can clearly see that the hepatic artery and portal vein are upstream vessels that flow into the liver and while not labeled the hepatic veins are the vessels

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that receive flow from the liver and return the flow eventually to the heart via the inferior vena cava.

With the above flow scheme in mind, attention is drawn to figure 3 of Boddie. The hepatic artery and portal vein (upstream vessels) are labeled and, as shown, receive branches 35 and 36 of catheter 34. Catheter 34 (delivery conduit) and branches 35 and 36 deliver chemotherapy agents 20 to the liver via these upstream channels. Ligatures T1 and T2 conformably engage and releasably hold (see 3: 30-31) the first branch catheter 35 to the hepatic artery and the second branch catheter 36 to the portal vein, respectively.

Next, Boddie generally refers to means 40 "for selectively isolating the patient's cancer-involved liver". See 2:32-34 of Boddie. Catheter 41 in general shunts blood flow in the inferior vena cava from below the liver to above the liver (see ligatures T3 and T4) via outlet 43 of catheter 41 positioned in the right atrium of the heart. The important aspect of means 40 is that the region of the inferior vena cava between the ligatures T3 and T4 (collection seals) isolates the flow from the hepatic veins (area of vessel just before T4). Catheter 41 (collection conduit) has opening 44 that collects flow from the isolated region (between ligature T3 and T4) of the inferior vena cava (downstream channel) and returns the flow from the liver to the external flow path.

Boddie meets the claim limitations as described above but fails to include the deliver/collection conduits having collection seals such as elastomeric balloons and the catheters having three lumens.

At the time of the invention, it would have been obvious to substitute balloons for the ligatures of Boddie. Externally mounted balloons on catheter shafts are well known in the

catheter art to effectively, less-invasively and safely occlude blood vessels. This is clearly taught by Aigner where the fourth embodiment is designed with a mounted balloon (8) on the front end of the catheter instead of using a ligature. See 3:1-2. "Since making the ligature around the point of the splint catheter is often difficult due to the close proximity of the heart, a preferred embodiment of the invention displays an inflatable balloon in the area of the catheter point; the balloon is mounted from the outside and can be blown up by means of a feed line, thus creating a seal within the vessel and making the external ligature unnecessary." See 4:42-52. The feed line has a lumen (9) with a connection port (10 – seal control mechanism) and is thereby configured to expand and contract the balloon at any time point desired including during diastole and systole, respectively.

Using the same rationale as the Aigner reference, one could obviously reason that when in close proximity of other organs, i.e. the liver as in the case of the Boddie reference, one would want to take the same level of care and use an inflatable balloon in order to provide an occluding device that enhanced the safety to the patient by preventing undue organ damage.

At the time of the invention, it would have been obvious to incorporate two additional lumens into the catheter since the Boddie reference itself teaches a multi-lumen catheter (i.e. the collection conduit (9)) that has fluid, guidewire and inflation lumens. Having these three lumens in one catheter is common in the art since a balloon catheter if being used to transfer fluids will necessitate at least two lumens (i.e. one for fluid and one to inflate the balloon). Additionally, the procedure of using a guidewire to introduce a catheter into the body is also well known in the art and standard practice to ensure proper and safe placement of the device. The motivation for incorporating an inflation lumen and a guidewire lumen would have been to enable the use of a

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balloon (see paragraph above) and a guidewire thereby providing a device that has been enhanced for safety of the patient both during placement and use.

Claims 10-11 are rejected under 35 U.S.C. 103(a) as being unpatentable over Boddie in view of Aigner.

Boddie in view of Aigner meet the claim limitations as described above but fail to include the biological mass being the human heart. At the time of the invention, it would have been obvious to use the invention of Boddie to isolate and perfuse the human heart during procedures such as bypass where the delivery conduit would be positioned into the aorta and the collection conduit would be positioned into the coronary sinus.

Response to Arguments

Applicant's arguments with respect to claims 1-13 and 48-60 have been considered but are most in view of the new ground(s) of rejection.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Catherine S. Williams whose telephone number is 703-308-4846. The examiner can normally be reached on Monday - Friday.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Brian Casler can be reached on 703-308-3552. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

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Catherine S. Williams (90).

April 28, 2004

Sormone